

CLG GRANT APPLICATION COVER SHEET

FISCAL YEAR 2006-2007

CLG APPLICANT: _____ County: _____

Contact Person	Responsible for PROGRAM Management	Responsible for FISCAL management
Name		
Title		
Address		
Phone		
FAX		
EMAIL		

LEGISLATIVE REPRESENTATIVES

	State Senator	State Assembly	U. S Representative
Name			
District			
Address			

SUMMARY OF PROJECT TYPE AND FUNDS REQUESTED

<u>Type of Project</u>	<u>Federal \$ Requested</u>
<input type="checkbox"/> Preservation Plan	\$ _____
<input type="checkbox"/> Ordinance Revision	\$ _____
<input type="checkbox"/> Survey <div style="margin-left: 20px;"> <input type="checkbox"/> Context <input type="checkbox"/> Reconnaissance <input type="checkbox"/> Intensive <input type="checkbox"/> Oral Histories </div> <div style="margin-left: 100px;"> Approx. Acreage _____ Approx. Acreage _____ </div>	\$ _____
<input type="checkbox"/> National Register Nomination	\$ _____
<input type="checkbox"/> Archeological Preservation Plan	\$ _____
<input type="checkbox"/> Historic Structure Report	\$ _____
<input type="checkbox"/> Preservation Education & Outreach	\$ _____
<input type="checkbox"/> Information Management	\$ _____